



INTERNATIONAL CITY/COUNTY
MANAGEMENT ASSOCIATION
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icma.org

Mid Career Managers Institute

2018-2019 Application Form

Eligibility

Designed for ICMA members who are credentialed and want to engage in a focused course of study and connection with others who are mid career. Also for those who may not yet be credentialed who have management experience which may be in fields other than local government AND who want to build strong ties with the profession and strengthen management skills with the goal of becoming credentialed managers. Successful completion of MCMI coursework and Management Application Project earns 6 months credit towards experience required to become an ICMA Credentialed Manager

Application

Complete this application form and send it along with your resume or curriculum vitae to: ICMA University Mid Career Managers Institute, Attn: Nedra James. Send via email (njames@icma.org) or via mail to: ICMA, 777 North Capitol Street NE, Suite 500, Washington, DC 20002. ICMA will respond with program details within 10 business days of receipt of your application. You will be invoiced a non-refundable \$1,795 fee if accepted into the program. Registration has rolling admissions through 4/21/2018. *Applications received before 11/23/17 will be given a \$100 discount on the program fee.*

To make it easier for you to complete, this application form is set up so that you can type in your information in the blocks provided in this PDF file. When you have completed your application, please print it out and mail it in with your resume and curriculum vitae.

Please direct any questions about program to Felicia Logan, ICMA University, at flogan@icma.org or (202) 962-3626.

Mr. Ms. Full Name: _____ Date of Birth: _____

Job Title: _____ Organization: _____

Office Street Address: _____ Zip Code: _____

Office Telephone: _____ Office Fax: _____

Office Email: _____ Home Email: _____

ICMA Member Yes No ICMA Member Number: _____

Please contact me via: Mail Telephone Email At my: Office Home

I work in the checked ICMA region SE MP MW NE WC

Do you have a preferred mentor? If so, who? _____ (Must be a credentialed manager)

Commitment Signature

I support _____'s participation in the Mid Career Manager's program.

Signature

Name (please print)

Job Title: _____ Organization: _____

Office Address: _____

Office Telephone: _____ Office Fax: _____

Description of your responsibilities

Brief description of your organization (number of employees, annual operating budget, function or service provided, etc.

List of professional honors, awards, or publications; professional or volunteer activities

What will you and your organization gain from your participation in ICMA University Mid Career Managers Leadership Program?